

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152549		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CRC MUNSTER B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2012	
NAME OF PROVIDER OR SUPPLIER COMPREHENSIVE RENAL CARE MUNSTER				STREET ADDRESS, CITY, STATE, ZIP CODE 9100 CALUMET AVE MUNSTER, IN 46321			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Certification Survey for the relocation of an End Stage Renal Disease (ESRD) facility was conducted by the Indiana State Department of Health in accordance with 42 CFR 494.60(d).</p> <p>Survey Date: 02/24/12</p> <p>Facility Number: 010128 Provider Number: 152549 AIM Number: 200315330E</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Comprehensive Renal Care Munster was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 494.60(d), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 20, New Ambulatory Health Care Occupancies and Chapter 38, New Business Occupancies.</p> <p>The facility is located in a one story, free standing building determined to be of Type II (000) construction and was not sprinklered. The facility has a fire alarm system with smoke detection in every room, corridors and areas open to the corridors.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/29/12.</p> <p>The facility was found not in compliance with the aforementioned requirements as evidenced by:</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 051	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 11 of 42 smoke detectors were installed where air flow would not adversely affect the operation. LSC Section 20.3.4.1 requires facilities to be in accordance with LSC Section 9.6. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. NFPA 72, A-2-3.5.1 explains detectors should not be located in a direct airflow or closer than 3 feet from an air supply diffuser or return. This deficient practice could affect any occupants in the building.</p> <p>Findings include:</p>			K 051			4/3/12

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K 051	Continued From page 2 Based on observations with the administrator on 02/24/12 between 1:20 p.m. and 3:30 p.m., smoke detectors located in the following areas were located 12 to 18 inches from from an air supply or return vent: in the program director's office, the supply room, the peritoneal dialysis exam room, the social worker's office, the bio med room, the reception office, the isolation treatment room, the wheelchair storage room, and two patient bathrooms. The administrator acknowledged the aforementioned smoke detectors were near the air vents. She said at the time of observations, she was unaware there was a risk of the air flow impeding smoke detector function.			K 051			